



Correspondence

Circumspect use of oncoplastic breast surgery

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I commend Dr Catanuto and his colleagues for their work on the de-escalation of complexity in oncoplastic breast surgery (OBS), published in this journal [1]. There has been increasing interest in the use of OBS, to a level where a consensus definition and classification system was felt to be necessary by a professional organisation for training breast surgeons, trainees and patients [2]. Notwithstanding, I aver it is possible that the use of OBS may be overemphasized and its efficacy overstated.

Contemporary data indicates that breast conservation treatment (BCT) may result in superior overall and disease-free survival when compared with mastectomy [3]. Therefore, any treatment strategy which increases BCT rate is consistent with the objective of improving patient outcomes. However, this must be undertaken with circumspection as high level evidence is lacking to demonstrate the applicability of OBS in terms of complexity and cosmetic outcomes when compared to standard BCT [1]. There also appears to be contradictory statements by experts who advocate decreasing surgical morbidity through BCT and sentinel node biopsy and yet promote OBS [2], which encompasses a group of more involved surgical procedures with longer operating times, greater costs and potentially higher complications [4]. Dr Catanuto et al. showed no difference in breast deformities when a greater proportion of women underwent surgical de-escalation [1]. It may therefore be appropriate for breast surgeons to exercise prudence in the use of extensive, complex OBS approaches which may not have any

significant benefit for patients in terms of survival and quality of life.

Declaration of competing interest

The author has no conflict of interest to declare.

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